E. K. Russell. 330 a

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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., JUNE, 1922 NO. 6

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Canadian National Association of Trained Nurses' Memorial Committee Report

The members of the Canadian National Association of Trained Nurses are asked to send all communications to Jean I. Gunn, Chairman, Toronto General Hospital, until further notice. We regret to report that the Secretary, Miss E. K. Russell, is not able to act as secretary during the summer months, as she is spending the summer abroad.

TREASURER'S REPORT

Receipts

British Columbia	$2,015.00
Ontario	273.00
Quebec	2,630.10
Nova Scotia	50.00
Total	$4,968.10

Expenditure

Expenses of National Committee	$ 62.70
Bank Balance	$4,905.40

BUSINESS COMMITTEE

Since the last report the Business Committee has been appointed and has been actively at work. The members of the committee are Messrs. C. B. Cleveland, Lauren Harris, and Gerald Larkin. Mr. Cleveland, of the firm of Darling & Pearson, Architects, Toronto, is acting as secretary of the committee.

After careful consideration the Business Committee strongly recommends that an effort be made to secure permission to place the memorial inside the parliament buildings instead of in Major Hill park, as decided by the Minister of Public Works. This matter is now being taken up by the Business Committee and the National Committee.

REPORTS OF PROGRESS IN PROVINCES

BRITISH COLUMBIA—The treasurer's report will show that British Columbia is beginning to get results from their campaign. A good deal of publicity work has been done, such as writing the board of trustees of the hospitals, superintendents of training schools, and nurses who are married and not in active work.

ONTARIO—The annual meeting of the Graduate Nurses' Association of Ontario, held in Brantford from April 20th to 22nd, provided an opportunity of reaching many of the Ontario nurses and discussing the memorial. The committee reports, in addition, plans for press publicity to reach nurses who will not be reached through nursing associations. All nursing associations and hospitals in the province have been written and plans for memorial explained. The nursing associations are just beginning to get results.

PRINCE EDWARD ISLAND—Very encouraging reports have been sent from this province. A mass meeting of nurses was held April 21st and a definite organization planned for the work of the memorial. Convenor and Treasurer, Miss Winifred G. Macleod, R. N., 7 Euston Street, Charlottetown, P. E. I. Other members of committee, Miss Georgina Pope, R. R. C., Mrs. Allison MacMillan, Miss Bessie Beer, Mrs. Fred S. Chandler, and Miss Eva Beers. Plans are being made very much along the same lines as the other provinces.

The remaining provinces did not report progress this month.

JEAN I. GUNN, Chairman.

A WORD OF ENCOURAGEMENT

The Welland Graduate Nurses' Association has fifteen members, but of this number only seven are resident in Welland and active in nursing work. The following extracts are taken from a letter which was received by Miss Holland, Secretary-Treasurer of the Ontario

Memorial Committee, from Miss Margaret McIntyre, the Secretary of the above association:

"At the convention held in Brantford on April 20th, 21st and 22nd, our delegate told of our plans for giving a concert to raise money for the war memorial. Our objective was $200, and, if we cleared over that amount, the balance was to be given to the Hospital Board. The concert was held on April 27th. We cleared expenses and came out with $50 over our objective of $200. We have decided not to give the $50 to the hospital at present, but to hold it until the summer, when we intend to give something in the line of a garden party. Our objective then will be the furnishing of the children's ward in our proposed new wing, which we expect to start building this summer. We are so glad we realized our objective of $200 for the memorial fund. I am sending a cheque for same to you this afternoon in separate letter.

We wish the Memorial Committee every success."

The National Memorial Committee felt that by publishing this letter many of our faint-hearted members might take fresh courage.

Nursing and Health

It is safe to say that the adverse criticism that was recently offered in *Pictorial Review* was beneficial to the nursing profession. A thoughtful perusal of all the articles, pro and con, should force some of us to conclude that if all the kind things said of us were true, and all the unkind ones untrue, our profession should be pre-eminently popular in any community. "Oh would more power some giftie gie us to see ourselves as ithers see us!" For are we not members of the human family possessing frailities and making failures as others? But surely our training has strengthened us to at least prove our worth. This last being the case, it behooves us to be up and doing lest we be overtaken by a worse fate than adverse criticism. With the editors permission I would like to discuss some facts dealing with the "sub-service" or non-graduate group of workers.

In the first place, these facts have been gained by direct contact and through close observation of the work and the workers. Only in that way can a correct diagnosis of any situation be obtained. Consequently, Dr. Mayo's adverse criticism of us was unfair to himself and to other members of his profession. On the other hand, while it was most gratifying to learn the opinions of the professor and physician who so ably defended us, his conception of the "sub-service"

group was based on Dr. Mayo's vision of an army of inferiorly educated women, trained to supplant the registered nurse. The real facts of the situation are that "sub-service" exists in every profession and in all industries.

The difficult problems to overcome in the nursing situation is caused by delayed or inadequate legislation, and not by autocratic or unreasonable measures. The laws of this and every other progressive country should make it compulsory for all women who seek employment as nurses to register, and should compel all non-graduate or "sub-service" nurse to work under registered supervision. When such a law is enforced, we will be able to control "this situation" that has become "so alarmingly serious." I know of no service that has been "commercialized" as has the nursing service. Thousands of dollars have been collected annually, especially from non-graduate nurses, by unscrupulous women. These women ignorantly undertake to supply the public with nurses, and very often substitute an untrained or unskilled service when and where skill is needed. Members of the community suffer in consequence. Unfortunately many physicians have upheld this practice, because it was to their own interests to do so. In addition to this, a still greater wrong is to some extent being perpetrated, namely, women with inferior or no knowledge of nursing and health are employed, because so many are unable to pay for a skilled service. Naturally the financial uncertainty and the present unrest of the country has not lessened this "difficulty." Remedial measures are available, however, if our profession would only lead up to them. Equal and definite standards of training, established through colleges of nursing, adequate legislation for the fully trained nurse, compulsory registration and supervision of the work of the non-graduate nurse, together with state collection and administration of all funds for health service, are measures that will eventually overcome or adjust all these problems. There are many who will tell us that such measures are not feasable. To such I would say that present conditions are developing just such a system. Similar educational measures have been applied in other professions and are being used to finance the educational service—gradually they will be successfully introduced into ours. Health is as important as education; without it we cannot obtain or use an education. Very slowly the "suffering public" will learn this lesson through the school of experience, and presently we will all agree that wisdom does not prompt the superintendent of a hospital to deny or defy nursing traditions; nor does it permit her to teach or claim superiority for graduates of her training school. Unitedly and collectively we stand for the health of our country and our communities.

Self-interest in nurses and in training schools is what tends to autocracy, hinders efficient "service" and delays adequate registration The education of women for nursing should be incidental to nothing,

not even to the care of the sick in the hospital where nurses are being trained. Out of 18 applications received by the Home Nursing Association, Toronto, in 1921, only three were able to correctly record temperature, pulse and respiration. This, in spite of the fact that, with one or two exceptions, all these applicants had served in hospitals as nurses for periods ranging from three months to eleven years. These facts are appalling, combined with our failure to secure adequate legislation for nurses in Ontario. They are proving a menace to health and to the work of our profession. A large portion of remedial nursing in homes where poverty and ignorance prevails is still left to women of this type; consequently, they are a detriment to all organized health effort. On the other hand, it has been amply proven that those "sub-workers" who are willing to work under recognized supervision are providing a service in the community that is economical and useful.

M. A. GIBSON, R. N.

A Course in Chemistry for Student Nurses

By C. A. Mills, Ph.D.
Instructor in Biochemistry, College of Medicine, University of Cincinnati.

What benefit is to be derived from a knowledge of chemistry except when such knowledge be used in a technical way? This is an important question when we come to consider the teaching of chemistry to student nurses.

It has been recognized pretty generally in recent years that all college students should spend at least one year in the study of some scientific subject, whether it be chemistry, physics, botany, zoology, or biology. Such study is not advised with the thought that the knowledge will ever be of much practical use to the individual, but its purpose is rather to add to the general cultural effect of the college education, that is, to aid in acquainting the student with the past and present of his surroundings and to give him a deeper appreciation of life in all its forms. We are all interested in the processes going on around us just in proportion as we comprehend their significance and understand what forces are acting to produce the observed effects.

Take, for instance, the changes observed in such a simple substance as water. What do most people see of interest in this common substance? Nothing, except to marvel at the beauties of frost crystals on the windows and at the fresh whiteness of the snow. The changes that water undergoes are in evidence all around us so constantly that we do not even wonder at the forces producing such changes, and yet how interesting these same processes become if we gain an insight into their

nature. Take, for instance, the simple boiling of water—what are the bubbles of gas rising to the surface and escaping? what causes their continued formation in the water? just how do the water molecules effect the change from liquid to gaseous state? why will water boil at a lower temperature at high altitudes and at higher temperatures under pressure? These and a dozen other questions render this simple phenomenon very interesting indeed to the knowing observer. Or we might ask how many see anything interesting, except in a commercial way, in the storage of what we term foodstuffs by various plants, such as corn, wheat, oats, rye, etc. Would not farming be more fascinating if the farmer could picture the forces causing this storage of food material, the part played by the sunlight and chlorophyl, the carbon dioxide of the air and water of the earth?

But for nurses and physicians, especially, who are dealing with human bodies directly in most of their working hours, would it not add greatly to the pleasure and the intelligence of their work if they could have a clear mental picture of all the physiological processes of the patient and how these might be altered pathologically? At present such mental pictures must of necessity be somewhat vague because of lack of absolute knowledge, but all that is available should be at haud. The tendency now in the better schools of nursing is to give the student nurse ever-increasing amounts of knowledge of the human body. This knowledge of the patient can come only through a comprehension of the chemical and physical processes involved in the performance of the body functions. After all, the nurse has entire charge of the patient a major part of the time.

Another direction in which the nurse should be especially prepared is in regard to the composition of foods, food values and the proper arrangement of different diets. In this respect her knowledge should surely equal that of the physician, if not exceed it. The physician is called upon to decide what kind of diet is indicated, but the practical application of the diet comes more in the sphere of the nurse.

Now to accomplish the desired general cultural effect of scientific study and to give the student nurse the greatest possible knowledge of the human body, in the one semester that is available at present, what kind of a course in chemistry should be given? This will depend somewhat on the class of students available. In those schools not requiring a high school education, the problem is difficult and the results will be less satisfactory, but with high school graduates matriculating as regular college students, practically all of whom have had one year of study in some science (physics, chemistry, or biology), surprising advance may be made toward a somewhat comprehensive general knowledge of chemical processes, and in particular of those occurring in the body. The character and content of such a course as successfully given in the School of Nursing and Health of the University of Cincinnati is indicated below.

The course covers one semester of 16 weeks and consists of 45 hours of lectures and 90 hours of laboratory work. The lectures may be roughly divided as follows: General introduction, 3 hours; inorganic chemistry, 8 hours; organic chemistry, 8 hours, and physiological chemistry, 26 hours, which are divided into carbohydrates, 3 hours; fats, 3 hours; proteins, 4 hours; digestion, 4 hours; blood, 3 hours; excretion and urine, 3 hours; metabolism in body, 4 hours; starvation, internal secretions and vitamines, 2 hours.

In the general introduction the aim and purposes of the course are put before the students, making as clear as possible the benefits they may derive from the work in a general cultural and in a practical way. An attempt is made to give some workable imaginary picture of atoms and molecules that the students may use in picturing to themselves the reactions. A few fundamental definitions are given. The different states of matter, with changes from one state to another, are discussed and taken up in some detail for water. The heat transformations in passing from ice to steam are emphasized, especially the high heat of vaporization, since this fact has great significance in perspiration.

Inorganic chemistry is dealt with as brief as possible, still leaving with the student a general knowledge of the subject. The non-metals (H, O, C, N, S, P, Cl, Br, I, Fl) are each taken up briefly as regards their occurrence, state, activity, combinations, etc. The burning of these elements, except the halogens, with oxide formation, is dwelt upon, as well as the acid formation from these oxides. The halogens are discussed as a separate subdivision, the points of similarity being noted. Next the metals are briefly classified and discussed by classes, pointing out individual points of interest in regard to each metal. Acids, bases and salts are then taken up, together with considerable drill in writing equations for reactions.

Organic compounds are considered by classes, as hydrocarbons (saturated and unsaturated), alcohols, aldehydes, acids, ethers, esters, etc. The interrelation of the classes is emphasized, together with the changing of a substance from one class to another by oxidation or reduction (except for ethers and esters). The members of each class in common usage are discussed as examples of the class. The attempt throughout is made to give the students a connected, comprehensive idea of the whole field, without burdening them with a mass of details. The polyhydric alcohols are discussed briefly, especially glycerine, in order to lead up to the carbohydrates and fats later. The dicarboxyllic and tricarboxyllic acids (tartaric, oxalic, citric) are mentioned because of the frequency of their use in foods and medicine. Aromatic compounds are taken up very briefly, giving the formulas of the simpler aromatic drugs such as phenol, aspirin, sodium salicylate, etc. Amino acids are defined, their relation to fatty acid shown, and their importance in protein formation pointed out.

Almost sixty per cent. of the course is spent in the study of physiological chemistry, and this represents the relative importance of this part of the work in the writer's opinion. The chief aim of the course, then, is to give to the students a fair understanding of the chemistry of the body processes. Much benefit is derived from explaining those inorganic and organic chemical reactions with which the nurse deals constantly in her work with drugs and solutions, but to make this the principal aim of the course, as is done by most of the writers of chemistry text-books for student nurses, so far, seems to the writer to be a grievous error. It is the human body upon which the nurse focuses most of her attention and it should certainly be made possible for her to understand this main point of interest. The fact that the course deals mainly with the human body lends much more interest to the work, so that there is never any lack of attention on the part of the students. The results obtained are highly satisfactory.

The laboratory work is given in two three-hour periods a week and constitutes for each student the following experiments:

Inorganic Chemistry

Preparation and properties of hydrogen; preparation and properties of oxygen; test for presence of CO_2; neutralization of an acid by a base; separation by distillation; preparation and properties of iodine; solubility of iodine; tests for iodine; preparation and properties of acetylene gas; preparation and properties of CO.

Organic Chemistry

Qualitative analysis of cane sugar; saturated and unsaturated hydrocarbons; iodoform tests for alcohol; aldehyde formation from alcohol; acetate test for alcohol, oxidation of alcohols to aldehydes; detection of formaldehyde in milk; reducing test for aldehydes; properties of acetic acid; higher fatty acids; dibasic organic acids; esters.

Physiological Chemistry

Fats and saponification; solubility of fats; acrolein test for fats; Fehling's test for carbohydrates; hydrolysis of a disaccharide; color test for carbohydrates,—Molisch; fermentation of carbohydrates by yeast; composition of proteins; color reactions of proteins: biuret, Millon, xanthoproteic, Molisch, reduced sulphur reaction; heat coagulation of proteins; coagulation by alcohol; precipitation of proteins by salts,—"Salting out"; precipitation of proteins by salts of heavy metals.

Digestion: Action of saliva; clotting of milk by rennin; digestion of proteins by pepsin; pancreatic digestion of starch; fat digestion.

Blood: Swelling and shrinking of corpuscles; hypertonic, hypotonic and isotonic solutions; hemolysis or lacking of red corpuscles; "Ghosts" of red cells after laking; coagulation of blood; properties of hemoglobin; properties of blood fibrinogen.

Urine: Reaction; specific gravity; test for chlorides; test for sul-

phates; test for phosphates; indican test; test for proteins in urine; test for creatinine; test for glucose; test for bile pigments; test for blood in urine; preparation of urea.

Quantitative urine analysis (24 hour samples of urine collected under different conditions, such as high protein diet, low protein diet, high phosphorous diet, and starvation): volume; specific gravity; total acidity or alkalinity; total nitrogen; ammonia; creatinine; glucose; protein.

The laboratory equipment for each student comprises the following articles:

NET COST OF EQUIPMENT OF NURSE'S DESK

1 box filter paper, 60 mm, 10c; 1 box matches, 2c;1 test tube brush, 3c; 1 wire gauze square, 4c; 1 beaker, low, with lip, 150 cc, 15c; 2 beakers, low, with lip, 250 cc, 50c; 1 beaker, low, with lip, 500 cc, 30; 2 bottles, narrow mouth, 90 cc and 1000 cc, 20c; 4 bottles, wide mouth, 250 cc, 20c; 1 burner, Bunsen, with rubber tubing, 53c; 1 clamp and attachment, iron, 18c; 1 cylinder graduate, 100 cc, 50c; 1 deflagrating spoon, 7c; 2 evaporating dishes, porcelain, 7 cm. and 10 cm., 35c; 1 file, triangular, 6c; 3 flasks, Florence, 150 cc, 300 cc, and 500 cc, 80c; 2 funnels, 5 cm. and 10 cm., 60c; 1 funnel support, $1.25; 4 glass plates, 3 x 3 inches, 40c; 1 mortar and pestle, porcelain, 21c; 2 pinch clamps, Mohr's, 34c; 1 ring stand, 48c; 3 rings, iron, 24c; 1 spatula, horn, 26c; 12 test tubes, 6 inch, $1.80; 1 test tube, side neck, 15c; 1 test tube holder, 10c; 1 test tube rack, 26c; 1 test tube, hard glass, 11c; 1 Thermometer, 150° c., 68c; 1 tripod, iron, 18c; 1 tube, thistle, 11c; 1 watch glass, 50 mm., 3c; 2 watch glasses, 100 mm., 12c; 1 gas collecting tube,.. 1 Water bath,..; 1 condenser, Liebig's, $1.25; 4-ft. rubber tubing, 24c; 1 fermentation tube, 20c; 1 ureometer, $1.25; 1 hydrometer, $1.30; 1 burette, 50 cc graduate, 55c;—Total $16.14. 1 Dubosque colorimeter, $85.25.

The total estimated cost per desk is about $16.00. Such an outfit might well serve for two students where funds are limited. The colorimeter ($85.25) is used only for the creatinine determination, and might be omitted if necessary. A rough estimate of the value of the chemicals used by each student gives $1.50 to $2.00. Besides this there is usually a breakage charge of $1.10 to $1.25 per student for glassware and rubber tubing destroyed.

The laboratory work is given here in the regular medical bio-chemical laboratory and the experiments were so selected as to use the chemicals and solutions already on hand for the medical bio-chemistry class. This simplifies the laboratory work very much.

As textbooks for the course, there is no one that is satisfactory for the whole course. The one recently published by Professor Annie Louise MacLeod of Vassar College is perhaps the most nearly the

desired kind so far as its table of contents indicates, but the treatment is entirely too limited throughout to give the broad view of the subject desired. So far we have merely referred the students for supplementary reading to any good inorganic and organic chemistry available, and to Mathews' Physiological Chemistry for the rest. This is not satisfactory because of the mass of details given in such books which only acts to confuse the students and sometimes causes them to miss the important points.

There is undoubtedly a serious need of a proper textbook of chemistry for the use of student nurses. This is made very evident by the large number already on the market.

So much for the course in chemistry. Now how about teachers to give such a course? What qualifications are necessary or advisable? It is well known that no one can teach well that with which he himself is not thoroughly familiar. Nothing so well shows a person how little he knows of a subject as the attempt to make that subject really clear to students in a limited time. We may say, in general, that for one to have the proper background for the presentation of chemistry to student nurses, one should have had good courses in physics, physical chemistry, inorganic chemistry, quantitative analysis, organic chemistry, physiological chemistry, and as much work in the biological sciences as possible. Botany and zoology are not necessary, but would give a useful addition to the background. Human anatomy and physiology should be included by all means, while pharmacology, pathology and bacteriology will be found very useful at times. It really amounts to saying that the instructor should be a chemist and a biologist combined in order to make the most of chemistry from the view point of the nurse's needs.

—*American Journal of Nursing.*

Public Health Activities in the Province of British Columbia

(Mrs.) Eva. D. Calhoun, R.N., V.O.N.

A recent comprehensive outline of Public Health Nursing has given the following definitions:—

"This is a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as a fundamental principle and developing from it all forms of educational, advisory and administrative work that tends to prevent disease and raise the standard of health of the community."

Therefore, when we speak of public health activities, a vision is at once disclosed of an immense field of endeavor, with its two important

divisions. one affecting the rural, and the other the urban community.

In British Columbia, owing to the geographical formation of the province, we have problems peculiar to ourselves.

Large centers of population are few in number, while the dwellers in rural districts are for the most part living in extreme isolation. Our wonderful mountain scenery is the pride of the nation, but it is this very ruggedness that makes our rural problem unique.

Between the towering hills, the fertile valleys—isolated from each other—are rapidly being settled, owing to the development of our exceptionally valuable natural resources.

As this development takes place, all kinds of people are being attracted, small communities spring into being, and, in proportion to the prosperity of the surrounding country, become wayside villages, or expand into enterprising, progressive country towns, and, to keep pace with this development, is a bigger problem than is presented by rural nursing in many other provinces.

We have yet to possess the desired network of railways that will break the isolation of the small rural community.

It should be remembered, moreover, that this was the last Province to enter Confederation, and that it is only thirty-five years since we were linked with the other provinces of the Dominion by means of a transcontinental railway.

Since that time rapid development and extension have taken place, the young province keeping abreast and often forging ahead of the older, more settled parts of the Dominion.

The activities of public health nursing have kept pace with this development and extension.

Sometimes a backward glance is in the interests of a forward venture, and old landmarks may provide new milestones.

In the early days public health nursing in British Columbia was carried on principally in the cities, under the auspices of the Victorian Order of Nurses for Canada, which organization was founded in 1897.

This was later augmented by the nursing service provided by the school boards and city health departments.

Throughout rural British Columbia there was then, as now, urgent need for the public health nurse, but little was done to meet this necessity, with the exception of certain districts opened by the Victorian Order, and cottage hospitals established by that organization under the Lady Minto Fund, the majority of which have now been taken over and are being financed by the local municipalities.

Several reasons existed for this apparent lack of public spirit and interest in community health and welfare.

It has already been mentioned that the population of the province was widely scattered, and means of transportation was another great drawback.

Much valuable time has been spent and great expense incurred in transforming the forest trails into highways for the faithful Ford—the present day companion of many public health nurses.

However, two other very important causes were responsible: Firstly, a lack of realization on the part of the general public, both rural and urban, of the benefits gained from preventive measures; and secondly, an insufficient number of nurses possessing both the qualifications and inclination necessary to carry on, in the remote rural communities.

It was realized by those officially connected with the health of the public that some new programme was essential in order to demonstrate health principles.

However, before this could be accomplished, the country was plunged into war, and the energies of everyone were directed along the various lines of war activities.

As the results of the medical examinations at the various recruiting depots became known, the public were surprised and aghast at the high percentage of men who were rejected as being physically and mentally unfit.

It was vividly impressed upon both the professional and lay mind that immediate steps must be taken to raise the standard of health in the community, if we were to conserve the energy and efficiency of the nation.

With this impetus came the demand for specially prepared nurses for public health work.

The Victorian Order of Nurses for Canada has long been recognized as the Dominion-wide Public Health Nursing Service, and it was, until two years ago, the only machinery available for giving the practical training to the public health nurses in Canada.

If the university standard was desired, it was necessary to attend a specialized course at one of the colleges in the United States. This frequently meant that this highly trained worker was absorbed by some American association and thus lost to Canadian endeavours.

Two years ago Canadian nurses urged that public health training be made available in the universities of Canada.

This has met with complete co-operation, and today several efficient, comprehensive courses are open to the graduate nurse.

The University of British Columbia has taken a very active part in this forward movement, assisted by the Canadian Red Cross Society, which has generously endowed a chair of public health.

Miss Mary Ard McKenzie, R.N., who is an exceptionally outstanding leader in the profession, is the Director of Public Health Nursing at the University of British Columbia.

The first public health course at the University of British Columbia was opened in November, 1920, and was four months in duration. This was later extended to cover the full academic year.

The Victorian Order, recognizing that the university is the logical body to provide the theoretical training, has discontinued its post-graduate course, but is co-operating with the various universities throughout Canada by giving the post-graduate students their field work in the bedside care of patients in the homes, where conditions are vastly different to those found in hospitals, special emphasis being laid upon the pre-natal, post-natal, and child welfare departments.

As each university class graduates, the possibilities for the extension of the public health work in the province are increased.

With this progressive, forward-looking movement, the demand for leaders to fill executive and administrative posts has also been increased.

The Provincial Board of Health is opening up certain rural districts and now have public health nurses established at Duncan, Keremeos, Vernon, Vanderhoof and Kelowna, while plans are under way for further developments.

The Red Cross Society have included in their peace-time programme the extension of the rural nursing service.

Mrs. Anna M. Stabler has recently been appointed the Provincial Director of the Red Cross Nursing Service, and under her capable leadership public health activities are being carried on at the following centers:— Malakwa, Celesta, Creston, East Arrow Park, Waldo, Mount Olie and Kamloops.

Arrangements are being made for additional extensions in the near future.

The Victorian Order of Nurses for Canada have, in recent years in British Columbia, turned their energies more to the needs of the people in the larger centers of population, where much distress and poverty is encountered. Branches are established in the cities of Vancouver and Victoria, in South Vancouver, Burnaby, New Westminster, North Vancouver, West Vancouver, Saanich and Metchosin.

The rural work carried on by the nurses of the Provincial Board of Health, the Victorian Order of Nurses, and the Red Cross Society, is very similiar, all phases of public health work being touched upon.

In many instances, the bedside care of the patient is most important, and is frequently the avenue through which the public health nurse can begin to carry on her educational campaign.

At the Saanich branch of the V. O. N., a health center has been established by the Saanich Memorial Committee.

General visiting, nursing and school nursing are undertaken from the center, while a well babies' clinic is held every fortnight and a chest clinic once monthly.

Perhaps the most interesting department of this health center is the dental clinic, which is held every morning. An up-to-date dental equipment has been installed and a skilful, fully qualified dental surgeon is in charge.

Owing to the great distances between the schools and the health center, the school nurse calls for and brings to the clinic each morning the school children who are to be treated. Where examination is only necessary, they are immediately taken back to school when the dentist has completed his scrutiny, while the others remain for treatment. Complete dental records are kept on file and certain nominal fees charged.

The dental clinic was opened about the middle of October, 1921, and since that time the dental work of 250 pupils has been completed.

The teachers report considerable improvement in the work of the pupils who have received dental attention, owing to the higher standard of health resulting from this care.

At intervals a clinic is held for the removal of tonsils and adenoids.

The school nurse at Saanich tells a delightful story of one little girl who was very deaf. She had extremely large tonsils removed and also had received some dental attention at the health center.

One day, while sitting beside the fire, she exclaimed, "Oh, mother! I can hear the tea-kettle singing!"

The poor child had never heard this homely sound before.

Surely, the efforts of the public health nurse in this instance, at least, were happily rewarded.

A health center conducted along similar lines is also established at the Provincial Public Health District of Duncan.

In the scattered, sparsely settled districts, cared for by the Red Cross, the establishment of health centers is not considered feasible, child welfare work being carried on in the homes.

Much credit and sincere praise must be extended to the members of the women's institutes throughout British Columbia.

The aims and objects of this organization are to improve conditions of rural life so that settlement may be permanent and prosperous in the farming communities.

Recognizing that the question of good health is of paramount importance, public health nursing has a definite place on their programme.

Much of the progress throughout the Province is due to their propaganda and untiring interest.

A word of appreciation must also be added regarding the splendid assistance rendered by the British Columbia Parent-Teacher Association.

The members of this organization are standing solidly behind all recommendations for the welfare of the community, and add great strength to the efforts of the voluntary workers.

At the present time neearly seventy public health nurses are on duty in the rural and urban districts of British Columbia.

In the cities of this province, also, much progress has been made during the last few years.

The school nurses and the Victorian Order nurses have, perhaps, been established for the longest period.

The work of the school nurse along the lines of prevention and teaching of health principles is familiar to all, as are also the efforts of the Victorian Order in the various departments of pre-natal, post-natal and child welfare activities, as well as general bedside nursing.

In the larger centers the child welfare work is gradually being taken over by the different city child hygiene departments. This includes well baby clinics, home visiting, etc. The department commences with the new-born infant and endeavours to care for the child up to school age, when, with the record of the case, the supervision is transferred to the Medical Inspector of Schools.

Among the more recent developments we find the establishment of the Rotary Clinic in Vancouver, for the treatment of chest diseases.

Under the supervision of the Medical Superintendent the work is most efficiently and progressively carried on. He is assisted by clinic and visiting nurses.

A Fresh Air School is conducted in connection with the clinic, and last year a fresh air camp for children was established, resulting in remarkable demonstrations as to the change that can be made in the health of children by putting them under proper living conditions.

The hospital social service work is developing rapidly. At the Vancouver General Hospital this has become a regular authorized department, financed by the Women's Auxiliary.

The scope of the work is most elastic, and includes visits to the hospital wards, follow-up visits in the homes, arranging for the bringing in and taking home of patients where necessary; the adoption of babies, and many other activities too numerous to mention at this time.

The government clinic for combating venereal disease is another department owing its existence to the recently developed public health consciousness.

During the two years that this clinic has been operating in Van-

couver, 2,000 patients have been treated, the daily average being 125.

The establishment of these clinics extends the benefit of treatment and preventive measures to many who would otherwise never be reached.

The S. C. R. Medical social service work is another important activity, resulting directly from the effects of the recent war, the problems of returned men and their families being the special care of this department.

Three workers are employed, two working in and from Vancouver, and one in Victoria and vicinity. Their efforts are directed chiefly to follow-up work among the tuberculous and those suffering from mental or nervous afflictions. It is recognized that a man cannot regain or retain physical or mental health if subject to too great a strain through privations or worry. In trying to prevent any undue amount of either, the S.C. R. nurses seek the co-operation of every other public health or social agency in the community.

The work of public health nurses connected with official relief departments is also extending.

Investigations of home conditions and dispensing relief where necessary are its principal activities, but as numerous other duties are constantly appearing, it is impossible to limit the extent or overestimate the value of this branch of service.

In time, as opportunities present themselves, other lines of public health nursing will be developed. It is the earnest desire and ambition of everyone engaged in this work that British Columbia will not only be the show-place of Canada, from a scenic standpoint, but will be the outstanding exponent of the principles of health.

The field of the public health nurse in limited, and new avenues of endeavour are constantly presenting themselves.

The great underlying principle of public health is that "Prevention is better than cure." One authority has said: "It is better to put a fence at the top of the precipice than an ambulance at the bottom."

The value of preventive measures can only be brought home to the large marjority by the efforts of the public health nurse.

She must, above all, know how to teach. Her teaching, as well as her nursing, must have a sound technique, and a painstakingly practical, rather than an inspirational method.

With the progressive movement of public health, the value of records and statistics is coming to the foreground with greater emphasis than ever before.

We have reached the stage where not only must work be done conscientiously and painstakingly, but some permanent record must be left as a basis for comparison and a foundation upon which workers in coming years can build a new structure more perfect than our own.

Particularly is this true of any organization working for the welfare of the community.

Only in proportion to the accuracy and number of statistics that are turned in to the head office by the nurses in the field can the leaders of the organization ascertain its growth and obtain a true perspective of the various branches of the work along which the greatest development has taken place.

The compilation of statistics involves the expenditure of considerable time and thought, and is frequently accompanied by much burning of midnight oil.

Nevertheless, these statistical efforts will be the only footprints left behind to give the coming generation of workers any evidence of present labors and hard won achievement.

No resume of public health activities would be complete without mentioning the splendid services of the voluntary workers who so loyally support the efforts of the trained workers.

In both rural and city districts the combination of the public health nurse and her committee or auxiliary is working out most successfully.

The great task of the committee is that of raising money to carry on the work and of justifying to the Public its expenditure, as they represent the public interests.

The relationship between the public health nurse and the lay committee should be a very close one, founded on mutual respect and confidence. and, where this does exist, almost nothing is left to be desired for hearty co-operation.

Notwithstanding the fact that a small minority hysterically decry the higher education of the nurse, the consensus of public opinion is demanding more efficiency and higher standards. Few indeed would wish us to revert to the ideals of "Sairy-Gamp."

Current events plainly indicate that the public health nursing field demands more nurses with complete equipment, more clearly defined and closely co-ordinated work between doctors and public health nurses, and more facilities for spreading the gospel of prevention among the people.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE X.

SECTION 22.

NURSING IN THE GREAT WAR.*

(a) The British, (b) The Canadian, and (c) The American Army Nursing Services; (d) Edith Cavell, and others.

(Continued)

The first member of the corps to be in charge of the A.E.F. nursing forces was *Miss Bessie S. Bell,* formerly Chief Nurse of the Walter Reed Hospital, Washington, D.C., who arrived November 13th, 1918, when *Miss Julia C. Stimson* was appointed Director of Nursing Service, A.E.F., a position created by act of July 9th, 1918. Miss Stimson was formerly Chief Nurse of Base Hospital No. 21 (St. Louis Unit), and had been in France since June, 1917. Between April 10th, 1918, and November, 1918, she had served as Chief Nurse of the American Red Cross in France, and was stationed at Paris.

From the time the United States entered the war, enrollment of nurses was pushed by every possible means, and, as fast as could be done, hundreds were sent overseas. By the end of November there were 10,000 army nurses in France and 11,000 on duty in the United States. By January 1st, 1919, the first unit of nurses was returned to the United States, and from then on the reduction of the nurse Corps in France was rapid and steady. Demobilization in the United States began immediately after the armistice, and was very rapid, as many as 2,500 nurses being returned to civil life in a month.

The American Nurses suffered few casualties. Only three of them were wounded in enemy action, and not one was killed. The loss by sickness and accident was comparatively low. In both the A. E. F and the United States only 266 deaths occurred among the 21,480 members of the Army Nurse Corps, during the war, 102 of which were overseas. Influenza was the cause of the largest number of deaths. Statistics are not yet available to show the number who suffered disabilities on account of their war service.

Two hundred and sixty-seven members of the American Nursing Service received decorations or citations. The decorations are grouped as follows:

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American—Distinguished Service Cross, 3; Distinguished Service Medal, 3. French—*Croix de Guerre*, 28; *Médaille d'Honneur des Epidémics*, 68; *Mèdaille de la Reconnaisance, (Française)* 3. British—British Military Medal, 2; Royal Red Cross, First Class, 16; Royal Red Cross, Second Class, 53. Russian—Silver Cross of St. Anne, 12; Belgian—*Médaille de la Reine*, 1. Roumanian—Order of the *Croix Reine Marie*, 4; The Florence Nightingale Medal, 1.

Never before in history had such a thing occurred; the sending across 3,000 miles of danger-strewn seas of 10,000 soldier women to be a part of a great expeditionary force. It was a stupendous undertaking, accomplished by the combined efforts of people and organizations, and developed little by little throughout the months of the war. But not only was the deed accomplished, but an almost equally great feat was performed at home, for while 10,000 nurses were part of the army overseas, 11,000 were taken into the army and kept in the hospitals in the United States, where they labored as devotedly as the women overseas.

All through 1919 and 1920 the nurses were gradually demobilized, till in 1921, the Army Nurse Corps consisted of approximately 11,000 members, who are stationed in army hospitals throughout the country.

The Army Nurse Corps now belongs to the officer class, since the Army Reorganization Bill of June 4th, 1920, gave the members relative rank, second and first lieutenants.

The army nurses were the most fortunate women of the country during the war. They, with all women throughout the land, longed to be of service, and the nurses had the desire of their hearts.

(Signed) JULIA STIMSON, M. A.
Major, Superintendent of Army Nurse Corps,
and Dean, Army School of Nursing.

The Army School of Nursing of the United States was authorized on May 25th, 1918. The first dean was Miss Annie Goodrich, who is to be regarded as its founder. The exercises of the first graduating class were held at the Walter Reed General Hospital, Washington, D.C., in June, 1921. The other branch of this school is located at the Letterman General Hospital, San Francisco, and its first graduating exercises were held on July 14th, 1921, with ten graduating nurses. Major-General Ireland, Surgeon-General of the United States Army, presented the diplomas on both occasions, and Major Julia Stimson and Miss Goodrich delivered an address.

Slide 250—Jane A. Delano. A great administrator, organizer and leader of American Army Nursing in the Great War. First Chairman of the National Committee on Red Cross Nursing Service and Directress of the Department of Nursing of the United States Government at its entrance into the war. She brought about complete co-ordination between the Army Nurses' Corps, the Red Cross and the American Nurses' Association, co-operated with the Committee on Nursing of the Council

of National Defence, and was the recognized leader of the remarkable organization by which the number of nurses enrolled in the American army rose from a few hundred to over 25,000 in two years of the war. She combined with remarkable qualities of leadership high professional standards and lofty personal ideals, qualities of wisdom and judgment and a heroic devotion to duty which brought her recognition as one of the great names in the history of the Nursing Service of the World War.

Born at Montour Falls, N. Y., in 1862; graduated from Bellevue Training School for Nurses, New York, 1886; became Superintendent of Nurses' Hospital, Jacksonville, Fla., during the epidemic of Yellow Fever in 1887; while here, insisted upon the use of mosquito netting for her fever patients, although the connection had not yet been discovered; in charge of the nursing activities in Mining Camp Hospital, Bisbee, Arizona; Superintendent of Nurses' University Hospital, Philadelphia, Pa., 1891-1896; Superintendent of Girls' Department, House of Refuge, Randall's Island, N. Y., 1900, to April, 1902; Superintendent of Training School for Nurses, Bellevue Hospital, New York, May, 1902, to October, 1906; in 1908 travelled abroad; 1909 accepted Chairmanship of Red Cross Army Nurse Corps, in which capacity she travelled in the Philippines, Hawaii, China and Japan, and was decorated by the Japanese Government, the American Institute for Social Science, by Greece, and by President Taft on behalf of the Red Cross. From 1908 to 1911 was President of the Board of Directors of the American Journal of Nursing. President of the American Nurses' Association from 1909-1912. In 1912 resigned Superintendency of Army Nurse Corps to devote entire time to the Red Cross Nursing Service. In 1919 sailed for France on the SS. "George Washington," January 2nd, and died at Savenay, France, April 15th, while on active duty for the American Red Cross.

(See the Red Cross Bulletin Memorial Number, May 12th, 1919).

Slide 251—Miss Delano. Full figure in nurse's costume. Published American Journal of Nursing, March, 1920.

Slide 252—Miss Delano, with Brigadier-General Jefferson R. Kean (left), and Brigadier-General William P. Ennis, on deck of SS. George Washington," January, 1919.

Slide 253—Miss Bessie S. Bell. Miss Bell was born in England. She received her professional training at the Boston State Hospital. For three years she did private duty nursing, and in 1909 was appointed in the Army Nurse Corps, and had a wide experience in army hospitals, serving at stations both in the United States and the Philippines. She was promoted to the grade of Chief Nurse in 1917, and during that month sailed for Europe for assignment to duty as Chief Nurse at Headquarters, Lines of Communication, American Expeditionary Forces, effective Nov. 15th, 1917. Miss Bell returned to the United States in December, 1918, when she was promoted to the grade of Assistant Superintendent, Army Nursing Corps in the office of the Surgeon General, Washington. She served in that capacity until July 7th, 1919, when she returned to the grade of Chief Nurse, and has since continued her service in the Army Nurse Corps, in the office of the Surgeon General, Washington. She was awarded in April, 1919, a citation by the Commanding General of the A. E. F. for exceptionally meritorious and conspicuous service at the Chief Surgeon's office, Tours, France.

(To be Continued)

Editorial

The Memorial Fund Committee are working, as we all can see from the report printed in another part of the magazine, with the hope that our memorial will, after all, be placed within the parliament grounds or buildings as we had wished it might. As we can also see from the first report sent in by the treasurer of the moneys received, the work of collecting goes on very slowly. Have we all really realized just what this memorial is? It is a recognition, by a permanent memorial placed in Ottawa, of the devotion to duty and true patriotism of those sisters (Canadian nurses) who spared nothing, not even their lives. It is to be an expression of the pride in and respect for, as well as remembrance of, these women.

We all mean to give but put it off, and this makes the work of the local, provincial and national committees much more difficult. Perhaps we as nurses are apt to have, with our training and busy practical lives, too much of a materialistic and utilitarian point of view, which keeps us from seeing the value to ourselves (looking at it selfishly) of planning a memorial which is to be simply and solely a nurses' memorial. Many suggestions of useful and praiseworthy objects are given by earnest women who see the need of these things, and would like to combine them with the memorial. These things must come, should be the aim of every public spirited woman, but in this case let us rise above ourselves and feel the privilege of giving, and to have the satisfaction that we are showing in a small way that our comrades are not forgotten. Nurses fail to see that a national memorial (only one can be provided) must be in Ottawa, as the Capital of Canada, and something permanent with no upkeep to be responsible for—and that therefore a speedy contribution towards this end is required. When our own loved ones are called home, does one feel that, because there is want and suffering in the world, they should not be remembered by stained glass windows, or a tablet, till sickness, suffering and the other wants of the world are done away with? Let us grasp the privilege of giving for memory's sake and do it quickly.

* * * *

A letter dated April 29th, received from Miss Fairley of the C.A.N.E., asks the Editor to give the change of dates of the C.A.N.E. convention due publicity. After conferring with officers of the C.N.A.T.N., it was decided to hold the C.A.N.E. meetings on June 23rd and 24th instead of Thursday, June 15th and 16th, as previously decided upon. This change was made to avoid the interruption of a week-end between the meetings of the two Associations.

C.N.A.T.N. Meetings, Edmonton, June 19th to 22nd, 1922.

NOMINATIONS FOR OFFICERS, 1922-23

President—Miss Jean Browne.
1st. Vice-President—Miss Johns, Miss Foy.
2nd Vice-President—Miss K. Matheson, Miss E. Breeze.
Secretary—Miss M. Grey.
Treasurer—Miss J. Wilson.

Councillors.

British Columbia—Miss J. F. McKenzie, Miss H. Randal.
Alberta—Miss McPhedran, Miss Kelly, Miss Edy, Mrs. Lee, Miss Aueger.
Saskatchewan—President, Saskatchewan Registered Nurses' Association, Sister Raphael.
Manitoba—Miss S. Persis Johnson, Miss Isabel Jeffers.
Ontario—Miss G. Fairley, Miss E. Jamieson, Miss K. Russel, Miss E. McP. Dickson.
Quebec—Miss S. E. Young, Miss Hersey.
New Brunswick—Miss M. Murdoch, Miss A. J. McMasters.
Nova Scotia—No nominations received.
Prince Edward Island—No nominations received.

ELIZABETH G. BREEZE, R.N.
Convenor Nominating Committee,
C. N. A. T. N.

* * * *

THE BOOK SHELF

"Records for Hospital Social Service," by Gertrude L. Farmer; cloth $1.50; J. B. Lippincott, Philadelphia and 201 Unity Bldg., Montreal. The social worker is so often dismayed at the prospect of getting suitable records for her work. Miss Farmer's information is very clear and definite, describing the forms she uses and giving reasons for preferring these particular ones. This will prove a most useful book for all organizations and workers along social service lines.

"Each man is captain of his soul;
And each man his own crew.
But the Pilot knows the unknown Seas
And He will bring us through.

So Ho! for the Pilot's Orders,
Whatever course He takes;
For He sees beyond the Sky-line,
And He never makes mistakes."

—*Oxenham.*

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

The outline which follows is being used by the provincial representatives in the preparation of their reports for the annual meeting at Edmonton.

Suggested Outline of Provincial Reports on Public Health Nursing

1. Total number of graduate nurses employed in public health work in the Province.

A. (1) Members of Provincial Association. (2) Non-members.

B. (1) Victorian Order of Nurses.
(2) Departments of Public Health, (a) Provincial (b) Local.
(3) Department of Education, (a) Provincial, (b) Local.
(4) Hospital out-patients departments or auxiliaries.
(5) Industrial firms.
(6) Red Cross Societies, (a) Provincial, (b) Local.
(7) Philanthropic agencies, such as women's institutes, clubs, churches, or charity organizations.

(Under B. state clearly if the financial responsibility is met by more than one organization).

2. Total number of women, other than graduate nurses, employed as public health nurses in the province.
   Name agencies employing them.
3. New work organized during the past year. Explain in detail any interesting developments in co-operation between employing agencies.
4. New work contemplated for the future.
5. Facilities for training of nurses for public health work, (a) Graduate, (b) Pupil nurses.
6. Any other reports or recommendations which your province may wish to send forward.

Round Table Conference on Public Health Nursing

A round table conference on public health nursing was conducted in connection with the annual meeting of the Graduate Nurses' Association of Ontario, which was held in Brantford during the third week of April. Miss Muriel MacKay, convenor of the Public Health Committee of Ontario, presided, and there were fifty-five nurses present.

As a means to better acquaintance, Miss MacKay asked each person to rise, give name, work engaged in, and locality where work was carried on. This showed the gathering to be representative. It included nurses doing generalized public health nursing in urban and rural communities, school nurses employed by provincial and municipal departments of education, Victorian Order of Nurses, as well as those doing tuberculosis and industrial nursing.

Miss Misner, doing school nursing with the Provincial Department of Education, gave a ten minute paper on "Problems of the rural school nurse."

Miss E Jamieson, Director of School Nursing, Provincial Department of Education, and Mrs, Campbell, school nurse, Windsor, were amongst those who discussed this paper.

Miss J. Stewart, Gage Institute, Toronto, introduced a discussion on the "Problems of the tuberculosis nurse."

Miss Castle, employed by the Provincial Board of Health, spoke on the "Difficulties of public health work in rural communities." Miss Beryl Knox, Associate Director of Public Health Nursing, Provincial Board of Health, took part in the discussion which followed.

Miss Morison, Canadian Kodak Co., gave a brief explanation of industrial nursing as carried on by her.

Miss Edna Moore, who is engaged in venereal disease nursing, Provincial Board of Health, told of the development in Ontario of

this branch of public health nursing.

At the close of the conference, which was voted by all to be most stimulating and helpful, it was decided to request the executive of the G.N.A.O., to arrange for a round table conference on public health nursing in preparing next year's programme.

BRITISH COLUMBIA.

The Public Health Nursing Course at the University of British Columbia has recently completed its second year.

Miss Mary Ard MacKenzie, R.N., the director of the course, is to be congratulated, as not only were all the candidates successful in their final examinations, but were engaged for public health positions before convocation took place.

The names of the successful nurses, in order of merit, are as follows:—First class honors, Jane E. Johnston, Marie Louise Thompson, Margaret Allan Thatcher, Elizabeth Olive Kilpatrick (equal), Muriel Claxton (equal). Second class honors, Gertrude Mabel Curry, Rose Constance Nye, Eva Maude Mosher, Ada Benvie, Bertha Smith (equal), Rose Tranfield (equal), Jean Dunbar, Hester Ann Hill. Passed, Helen G. Kelly.

The Canadian Red Cross Society, who have endowed the Chair of Public Health at the U. B. C., offered the first prize of $100.00, which was awarded to Miss Jane E. Johnston, who is now engaged in educational work with the Red Cross.

The Second Prize of $60.00 was offered by the Provincial Health Department, the winner being Miss Marie L. Thompson, a V. O. N. scholarship nurse. Miss Thompson has accepted the position of Director of the Social Service Department of the Vancouver General Hospital, filling the vacancy caused by the resignation of Miss Ethel Boultbee, R.N. Miss Thompson is the first Victorian Order nurse to fill this position at the V. G. H.

The Third Prize of $40.00, which was also offered by the Provincial Department of Health, was gained by Miss Margaret A. Thatcher, who is spending the summer at her home in Chilliwack, B. C., and later on will take a post with the Red Cross.

Victorian Order Scholarships were held by eight of the nurses.

Misses Kilpatrick, Tranfield and Dunbar are now on the staff of the Greater Vancouver branch of the V. O. N.

Miss G. M. Curry will be the nurse in charge of the Victoria Branch and Miss Rose Nye is with the Saanich Branch of the V. O. N.

Miss H. A. Hill went to Calgary, Alta., to fill a position with that branch of the Order.

Miss H. G. Kelly is also taking a V. O. N. post.

Miss E. M. Mosher has been appointed by the Canadian Red Cross Society to organize the district of Trail, B. C.

Miss Ada Benvie is taking the Red Cross district at East Arrow Park, being the successor of Miss F. Whittaker, a graduate of last year's class, who has been transferred to Penticton, B. C.

Miss Bertha Smith is also engaged with the Red Cross in forming home nursing classes on Vancouver Island.

Miss Muriel Claxton has decided not to take any position at present, but will in a few months take up work with the Red Cross.

Miss A. S. Stark, the School nurse in New Westminster, B. C., has sent in the interesting information that health lectures are being held weekly in the Duke of Connaught High School.

The address on "Care of the Teeth and Mouth," by Dr. Harry S. Thompson, Superintendent of the Dental Research Department of the University of Toronto, was particularly forceful. Dr. Thompson emphasized the importance of training children from infancy in a thorough and systematic use of the toothbrush, together with frequent dental examination, pointing out that over 96% of school children suffer from diseased mouths, while 22% of the Anglo-Saxon race never go to a dentist.

The need of conducting Dental Clinics in connection with the schools was particularly stressed by Dr. Clark, Medical Inspector of Schools in New Westminister, at a recent meeting of the Parent-Teachers' Association. The fact was strongly impressed upon those present that although a high percentage of infection was due to lack of dental prophylaxis, still, owing to the high cost of dental work, many children would not receive treatment unless these Clinics were organized more extensively.

The Public Health Nurses of British Columbia are requested to send interesting news-items pertaining to their various activities to Mrs. Eva D. Calhoun, R.N., 1250 Broadway W., Vancouver, B. C., not later than the 10th of each month.

This is in accordance with the resolution passed at a meeting of the B. C. Public Health Standing Committee, held on March 10th, 1922, that, through the medium of the *Canadian Nurse* magazine, more publicity be given to the work carried on within the province, in order that everyone may become more familiar with each branch of Public Health Nursing.

News from Nova Scotia

The officers of the public health section have been delighted to receive many letters from provincial representatives, which indicate, as does this one, that a real interest is being taken in the development of our section.

"Dear Miss MacKay:

Enclosed herewith please find some data concerning public health nursing in this province, which I trust will be of some assistance to you in preparing your report for the annual meeting of the Canadian National Association of Trained Nurses.

We anticipate having only one representative attend the annual meeting at Edmonton this year, but several nurses are planning to attend the Public Health Congress at St. John early in June. I trust that I may have the pleasure of meeting nurses from Toronto there.

You may be interested to hear that an effort has been made this year to procure registration for nurses in this province, which has received fairly favorable consideration and may be granted.

I expect to be absent from the city all next week. When I return I shall send you the questionnaire concerning the by-laws and the public health courses.

Very truly yours,
M. E. MacKenzie,
Supt. of Nursing Service.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road.
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario Representative—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan Representative—Miss Thomas, 2303 Osler St., Regina, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Ontario.

The Provincial Private Duty Committee was much encouraged by the number of private duty nurses who attended the convention of the Graduate Nurses' Association of Ontario, held in Brantford on April 20th, 21st and 22nd. Much interest was shown by the nurses, and a lively discussion took place at the round table conference.

Miss Fife, in presenting the first report of the Committee, stated briefly its objects:

(1) To unify the private duty groups of the Dominion for the purpose of guarding and promoting the interests of the private duty nurse, undividedly and collectively, within and without the Canadian National Association of Trained Nurses.

(2) To promote a mutual understanding between the private duty group and other branches of the profession.

(3) To promote a better nursing service for the sick.

The report continued as follows: In connection with the better nursing service for the sick, the question of hourly nursing was brought before the Council of the Central Registry of Graduate Nurses of Toronto, and they agreed to adopt it. Although in its infancy, a start has been made, and it is felt, as it is brought more and more before the public and the medical profession, a great need will be met, particularly among the middle classes. In many cases a nurse is not required for a whole day, but simply morning and night, or even once a day for an hour or two. The Victorian Order of Nurses carry on a great work in this respect, and we have the hearty approval of the superintendent in Toronto in branching out in this way.

The question of insurance for nurses has received very careful attention at the hands of the committee appointed to look into this matter, particularly accident and health insurance. It was thought it would be possible to secure satisfactory group insurance along these lines, but this had been found impossible, as very many companies refuse to consider insurance at all on female lives. Some companies that granted accident and health insurance to women, up to three months ago, now refuse to do so. Individual policies can, however, be secured in some good, reliable companies, and it is suggested that nurses take up insurance in this way, as it is essential that they have some remuneration when incapacitated through accident or illness.

The question of pensions for nurses is also under consideration, and much valuable information has been secured on this point, but as yet no direct proposals can be made, but it is hoped in the near future to have something definite to state.

The readers of the *Canadian Nurse* will have noticed that each month there has been an article of interest in the private duty nurses' page. We have material on hand for the coming issues, and hope to make our page a real live section of the magazine.

Miss Hannant, the provincial convenor, left for a year in Europe last December, and Miss Fife kindly consented to take up her work for the balance of the year.

The committee has tried to get in touch with the private duty committees of each province in Canada, telling them of what is being

done in Ontario, and also tried to reach all the private duty nurses in Ontario through the various registries and alumnae associations.

It is felt that the private duty committee should be a very large and influential factor in the G. N. A. O., as private duty nurses are really the backbone of our profession, and always will be, and it is sincerely hoped that we may prove a unifying force throughout the whole profession.

About one hundred nurses were present at the round table conference and lively discussion took place on the various topics, of which were:

(1) Will the fee of $1.00 be continued.

(2) Why are not more programmes and constitutions provided the G. N. A. O. members?

(3) Why are student nurses in hospitals put on special cases and a fee charged for their services when graduate nurses are available?

(4) The private duty nurses desire to elect their own provincial convenor at the provincial meeting.

(5) Special clinics being provided for graduate nurses as outlined a year ago.

(6) What is the best manner in which to reach all the private duty nurses?

The following resolutions were passed:

(1) That the G. N. A. O. be asked to finance this private duty committee as it does its other standing committees.

(2) That each affiliated association be asked to appoint one member to communicate with the provincial private duty committee upon all matters in connection with the private duty nurse.

(3) That this private duty committee would strongly suggest that all hospital superintendents be asked to discontinue the practice of placing student nurses on special cases and collecting a fee for their services while graduate nurses are available, which is not to the interests of the student nurse, the patient or the profession.

(4) The matter of special clinics as outlined and passed last year at the annual meeting be again referred to the provincial committee.

EDITOR'S NOTE

A letter has been received from Miss Fife, Secretary of this Section, asking that the name of Dr. Richards be published as the author of the interesting article on "Radium" published in the May issue. Dr. Richards is in charge of the X-Ray department of the Toronto General Hospital, and is a leading specialist with Radium treatment.

Department of Nursing Education

Symptomatology

By Mary A. Catton.

Symptomatology is the science which treats of the symptoms of various diseases. Symptoms are of two classes: (1) Objective, (2) Subjective.

The *objective class* is made up of those symptoms which are apparent to the observer, by the various senses: Sight, hearing, smell, touch.

Sight—Rash, inflammation, excoriation, discharge, elevation of tissue such as nodules, abrasions, protrusions, false membrane, distention, deformities, discolorations, attitude, expression, appearance of excreta.

Hearing—The cry of pain, auscultation, cough, etc.

Smell—The various odors of excreta, breath and body.

Touch—The condition of the skin, the condition of the abdomen, the tenseness of the tissues, etc.

The *subjective class* consists of those symptoms of which the patient alone is aware, by sensation such as pain, discomfort, tenseness, taste, impairment of certain functions.

Nervousness, fear, depression, joy, excitement—Both objective and subjective.

The objective symptoms are those by which the diagnosis of a case is usually made, although the subjective symptoms, when intelligently described by the patient, are often of the greatest importance to the diagnostician.

Certain objective symptoms, as we know by observation, are in great part common to most diseases: Flushed face, irritability, chilliness, expression of dullness or fatigue.

Subjective symptoms, on the contrary, are more varied and special, according to their respective disease.

To sum up a few of the general features of each class:

Objective—Common to most diseases—Flushed face or pallor, chilliness or shivering, dull and tired expression, bright sclerotics, vomiting and dry tongue, indifference and lassitude, dilated or contracted pupils.

Subjective—Common to most diseases—Alternate hot and cold sensation, pain or ache, nausea, headache, backache, aversion to food, thirst, fever, weakness.

No absolutely definite division can be made between the two classes however, as "subjective" symptoms very often become "objective" as development takes place; for instance: pain may be felt by the patient for some time, without any apparent sign to the observer, but, as it increases, the facial expression and general attitude of the patient will bring it under the "objective" class.

It may be argued that these latter are only "objective features" of "subjective symptoms."

A patient may feel cold, which is usually an important indication in disease, but such condition will not be observed or become "objective" until it reaches the shivering stage—chill.

In infancy, abnormalities begin, but are not considered until they approach deformity. Rickets, of which symptoms pigeon breast, flattened thorax, square head, prominent forehead, large hands and feet, emaciation, sweating head, badly developed teeth, fetid breath, may be due to malnutrition of the osseous structure, hereditary influence on the digestive and assimilative apparatus. These symptoms may first have been obscure to the observer, but were never subjective (?) unless that we may suppose subjective symptoms to be divided into two classes: (1) Those of which the patient is aware, (2) Those to which the patient is subjected, but not aware of by sensation.

Muscular degeneration is a symptom of a lack of nutrition, and may be the "objective feature" of "subjective hunger."

The attitude of the patient is strongly suggestive of the kind of facial muscles, and commonly seen in adults where there is disease of the digestive or assimilative apparatus, such as cancer and ulcer of the stomach, or in diabetes, anemia, leukemia, or hemophilia, which interfere with the process of tissue respiration.

The attitude of the patient is strongly suggestice of the kind of disease. A tendency to lie flat on the back with an appearance of heaviness and indifference is strikingly characteristic of the "low fevers," such as typhoid.

In pulmonary fevers the patient will lie on the affected side, to allow a free expansion of the healthy lung on inspiration.

In abdominal diseases, such as peritonitis, appendicitis, colitis, enteritis, nephritis, or chronic diarrhoea, the patient will draw the knees up toward the abdomen.

The eyes are indicative to a great extent, by the color of the sclerotics, general expression of the conjunctiva and general appearance.

The tongue, in low fevers, presents various suggestive conditions: fissured, dry and bleeding, strawberry tongue.

The skin, in disease, shows a varied condition, dry, flushed, cyanosed, scaly, pale, rough, petechial, glazed, or excoriated. In eruptive fevers the skin manifestations are decidedly apparent by

the characteristic rash associated with each.

The expression is to a great extent characteristic of the disease, and is usually considered, in case of suspected poisoning, in convulsions, such as those of tetanus, rabies, epilepsy, and hysteria. Upon making internal examination, the physician watches the expression for indications of tenderness upon manual or bimanual examination.

Expectoration may be indicative to some extent whether or not associated with a cough.

(To be Continued)

C. A. M. C. Nursing Service Department.

If future incentive is needed to stimulate the effort to attain our objective in the memorial fund campaign, it may be found in the example of the Quebec city nurses, and the Graduate Nurses' Association, Medicine Hat. The last stand voluntary pledged to give ten dollars each. The first-named collected amongst themselves over a thousand dollars. Can it be that these nurses have caught a fuller ray from the halo of imperishable glory that surrounds our illustrious dead? Is reverence and sentiment for the names so indelibly inscribed in the proudest history of our country more alive in Quebec city and Medicine Hat than elsewhere? If so, let us take fresh inspiration and show proof that to us, too, has it been given to know how to honourably, affectionately, and fittingly cherish the memory of those nurses whose names are engraved in our hearts forever.

Matron Dorothy Cotton, at present in England, has accepted an appointment with the Rockerfeller Institute, Paris, and will spend a part of her time at Marseilles.

Nursing Sister Tina Mowbray, A. R. C., has returned to Victoria from Los Angeles.

Nursing Sister M. O. Lindsay, A. R. R. C., was for a short time the guest of Mrs. W. Gibsone (nee Nursing Sister Couillard), Ottawa. Since retirement in 1919, Sister Lindsay has visited Western Canada, Hawaii, California, Mexico, and New York, and it seems the wanderlust is still unsatisfied in her case.

Nursing Sister F. Fagan has been appointed to the staff of the Sanitarium at Tranquille, B. C.

The marriage took place at Winnipeg, on April 22nd, of Nursing Sister C. M. Hood, A. R. R. C., to Mr. John F. Morrison, D. D. S.

Kildonan Castle Humours

(Continued.)

What is the difference between a ton and the ocean? Wait and see.

What magazine gives the highest position quickest? A powder magazine.

Is it possible for an Italian to make a Maltese cross? Of course he can (a Corsican).

NOTES AND COMMENTS

Who was the ship officer strolling about the streets of Malta disguised as a removal van?

Any officers on board ship desirous of having their temperature taken will please assemble in the ward room at 11 a.m. daily, when the sisters will be in attendance with fountain pens.

Anyone tiring of the Castle air can always get a change from the purser.

A great number of beautifully marked animals from Gallipoli for disposal, guaranteed to be very affectionate, having their teeth extracted—a child can play with them. Price 1d. each, or will exchange for a tin of Keating powder.

Malta is now to the fore in the commercial world, delivering haberdashery per Marconi.

Sisters are advised that any parcels marked Wilks & Son must be removed from Holdalls. Emergency bundles **must** be kept near the surface.

POET'S CORNER

"MOTHERLAND"

When Albion, in the hour of need,
To Canada applied for aid,
She rallied round the flag with speed,
For Motherland no hand was stayed.

Her warriors brave in thousands went,
In Albion's cause to fight:
On foreign soil their life was spent,
For Motherland and Freedom's right

Like Florence in the days of yore,
Her daughters nursed the brave,
Full many a trial and hardship bore,
Sons of the Motherland to save.

—Sea Rover.

THE ENGINEER'S POET

The engineer poet has got in a rut.—
When ashore in Malta, he had a hair cut,
And now for our poetry we must go elsewhere,
And wait till the bounder has grown more hair.

Sister Spanner's knitting socks for soldiers.
Sitting weaving romance as she goes,
But they say the shots and missiles
Can't compare with all the blisters
That arise from wearing Sister Spanner's hose.

AN ACROSTIC

Hospital life on His Majesty's ship
Means a rare treat in making a trip.
Having to pack for you don't know where,
Suffering the torments of "Mal-demer."
Knowing nothing (you can't know less),

Imagining much (but it's all a guess).
Lying at peace in your bed one night,
Dear only knows where you'll be by light,
Once we thought we were going to land,
Nearly did—we had shaken hands,
And said how glad we were we had met,
Notwithstanding—we're here yet.
Can you imagine a life more serene,
A simple existing—a breathing machine?
Some plan our food—we are told what to wear,
To attempt to be novel brings nothing but care.
Life is the same for the master or vassal,
Enough just to know—it's the Kildonan Castle.

Once upon a time, long before the Great War, when youths and maidens went courting beneath the moon's silver beams, and the streets of London blazed with brilliantly coloured lights, and everyone laughed at the wise men who wisely and earnestly said "Prepare! the Great War is at hand and the country is unprepared," but men turned deaf ears and laughed again.

Well! once upon a time in these good old days, in a far-away Scotch Canadian Village in Ontario, in the "apple-blossom" time, on a peaceful Sunday afternoon, a youth and a maid went strolling through the orchard with pink and white blossoms fluttering all around them, strewing the grass under their feet and making a delicate pink and white veiling for the turquoise sky above. As they strolled arm-in-arm, utterly oblivious of the orchard blossoms or sky—all the sky the boy saw was in the blue heaven of the girl's eyes and her sun-lit hair, while she saw all the dreams of her girlhood come true in his honest, plain face and strong, well-set manhood—they were unutterably happy. In after years he volunteered and became a junior officer of the 1st Overseas Canadian Contingent and a hero and D. S. O. of Hill 60, while she became a nurse, attached to the Toronto University Unit, known as No. 4 Canadian General Hospital, which got lost for a season between the Mediterranean, the Aegean, and Salonica. But that is going ahead many years.

On the Sunday afternoon of this tale, and very near tragedy, their unheeded footsteps strayed from the family orchard out on to the concession road leading to the village.

The girl, bare-headed and in dainty summer whiteness—the boy, in flannels with his sleeves pushed up over his strong bare arms—both looked typical specimens of Canada's virile youth. They had just reached the place where the main street of the village suddenly turned and became a country road, when a terrific yell smote their ears, and an almost inarticulate shouting from one hundred throats of "mad dog."

They awoke from their golden dreams, dazed and bewildered, but only for an instant. The boy became tense and alert and thought like lightning. There on the road, and in a whirlpool of dust, he could see the awful thing coming straight towards him. He dould hear its whistling, horrible panting breathing. One glance round, one movement of his arm, and the terror-petrified girl was behind him and her silk scarf in his hands, and in another second wound around his right hand and strong, bare fore-arm. Now he could see the dog with its glaring red eyes and foam-flecked open mouth and hanging tongue, and feel the fierce heat of its dreadful breath as it hurled itself on the boy's outstretched arm. The force of that impact was terrific, but the boy had not sculled in his college boat for two years, or been center-forward and light-weight favorite for nothing. Down and down his arm reached till he grasped the extreme tip of that dog's tail, then with one mighty pull turned it completely inside out. A sane and wonderful dog ran in the opposite direction..

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AS HEARD IN PASSING

The major is having a roll-call at 10-30 p.m. re the adoption of the new shade of uniforms, there having been received complaints that the shade of yellow is not becoming to complexions. It has been suggested that the new costumes be worn only in fair weather and on placid sea.

The famous picture entitled "Thursday" has been brought to our mind

this morning in the futile effort to increase the supply of fresh fish—from the "cool chamber." The Bay of Mudros, so we understand, will be renamed "The Bay of Bloaters," as these tasty fish have been known to be caught two on a line. Mudros bloaters will soon be as famous as Finnon Haddocks—which, by the way, reminds one of the Fishmonger's shop story:

Small boy—"Addick please'
Fishmonger—"Finnon?"
Small boy—"No, fick-un."

The members of the "Restless Club" were tendered a social evening by the staff of His Majesty's Ship "Kara-Para," and after a sumptuous repast an ercellent programme of music was given by noted artists. After farewell to hosts, the club members retired to basement and carried out a programme of sports. Full advantage was taken of the grandstand, especially provided for a demonstration of modern methods of warfare.

"Lights Out." 7 a.m. announced recall of Canadian Contingent, and all hastily rejoined the colours. A plan has been devised by which poems, chiefly Stevenson's works, may be given ont by wireless to isolated districts. Owing to the imperative demand by his medical advisor that he must have a complete rest, chief engineer desires to inform all parties requiring medical attention after retiring hours that the location of the proper officer may be obtained by consulting the ship's chart. An event of unusual interest in military circles is the coming presentation of the "Order of the Bath" to our worthy matron, pro tem, by a Knight of Suvla Bay. We are glad of the safe return of our esteemed contemporary C. I. S. with her famous "Driver" from a perilous descent from Mount Trouble.

Music lovers will be interested to note the growing appreciation of the revival of the English grand opera in presentation of the general favorite "Sister Susie sewing shirts for soldiers." The principals, Park & Sons, Will, Ski-ing and Thompson, are to be congratulated on the excellent production, and their fame is assured. They may be assured of our continued appreciation and patronage.

The Campbell-Field music has long since passed the experimental stage. For successful evenings and odd moments you can absolutely depend, as its quality never varies. Try a quart of its "liquid notes." Students who prefer music to chess alone will be accepted. No Irish need apply.

SPECIAL FOR TO-DAY

(1) Draw Me Nearer.
(2) There is a Green Field Far Away.
(3) The Campbells are coming.
(4) Why do you wait Dear Brother.

For terms, apply to Miss Maiden Canada.

LOCAL HEALTH RESORTS

LOVELY LEMNOS: "The Queen of Watering Places," Special week-end arrangements.

SALUBRIOUS SUVLA: "Some health resort, Beautiful scenery, Social Amenities.

GLORIOUS IMBROS: "The Brighton of the Near East.'

For further particulars, apply to "High Life in the East Co., Ltd."

THE LOCAL STOCK EXCHANGE AND WAR NEWS

Business on the Exchange for the first two weeks had been somewhat flat, the only demand being for "Consuls" if not "Consultation," which were carried on at various parts of the Course. However, things brightened or darkened during the last weeks, and considerable excitement was caused by the "Reply Paid" fluctuation of certain shares, especially Canadian. At the beginning of the voyage these stood at 75, but one evening, owing to a large purchase from New Zealand, they fell to 12, only to rise again the next morning to 75. On Saturday last another fall occurred, the shares standing at 18, at which figure they remained when we went to press. These shares are, however, "Thoroughly Reliable" and of the highest quality. In other markets there is still a great demand for "Rumours and Facts," many of them being dealt with by buyers anxious to "Listen' to them.

WAR NEWS DELETED BY CENSOR. MARCONI OPERATOR OTHERWISE ENGAGED.

Hospitals and Nurses

NEW BRUNSWICK

The local chapter of Moncton held a very successful dance, realizing $191.00. This money is being used to furnish a diet kitchen in the Children's Aid Home. They also took charge of a booth at the Children's Aid fair, clearing $43.00.

We regret very much that Miss Mary Wetmore, superintendent of the Hospital at Grand Falls, and Miss Geraldine Morris, of the staff of the G. P. H., St. John, have both recently undergone serious operations at the G. P. H. They are both improving.

The Alumnae of the St. John G. P. H. entertained at a dance in the Y. W. C. A. recreation centre in honor of Mrs L. G. Dunlop, who is leaving shortly to make her home in Charlottetown. Mrs. Dunlop has been a splendid worker in all activities of the nursing profession in St. John, and will be greatly missed. She was the recipient of a silver service, presented to her as a token of appreciation of her services.

On March 23rd a very successful tea and sale was held by the St. John local chapter in the Y. W. C. A. recreation centre, at which about $150.00 was realized.

Miss Bertha Gregory, Red Cross Nurse at the Port of St. John, has left for Quebec to take up the same work there.

Fifteen of the graduates of the St. John infirmary met last night to form an alumnae. A constitution and by-laws were drawn up and officers elected as follows:— Honorary President, Sister Gertrude; Honorary Vice-President, Sister Camillus, R. N.; President, Miss Mary Downing, R. N.; Vice-President, Mrs. Frank Frauley; Secretary-Treasurer, Miss Agnes Duffy, R.N.; additional members of executive, Miss Alice McManus, Miss Berna McDade, Miss Katherine Ryan, R.N.

Campbellton.

The formal opening of the Restigouche and Bay Chaleur Soldiers' Memorial Hospital took place on March 16th, with a very large attendance. A splendid programme was given, with speeches from several prominent men, including Colonel T. R. Newcombe and Judge McLatchy. It has a capacity of 30 beds and is well equipped in every particular. Miss Mary Bliss is the Superintendent of the hospital, is a graduate of the Royal Victoria Hospital, Montreal, served four years overseas, with the McGill Unit, No. 3 General Hospital, and was decorated with the Royal Red Cross. She has as her assistants Misses Vivian Graves and Florence Lockart, both graduates of the Royal Victoria Hospital, Montreal, and Mrs. Helena Palmer, of Moncton, who is Night Supervisor. A training school of six nurses has been opened.

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QUEBEC

Montreal General Hospital

At the monthly meeting of the M. G. H. A. A. 122 members attended a very instructive and interesting lecture given by Dr. Eberts on "Diseases of thyroid gland," also "Operation, and pre- and post-operative treatment."

Miss Kathleen Brock has taken over the position of Matron of Nurses Home of M. G. H.

Miss Jane S. Kennedy, of Utica, N. Y., is engaged in public health work in that city.

Miss Olive Welsh has gone to United Hospital, New York City, as assistant in the operating room.

The sympathy of the members is extended to Miss Lillian Tracey in the death of her sister.

M. G. H. alumnae individual subscriptions, up to 10th of May, is $1,088.00 for the memorial monument fund.

We announce the engagement of Miss Marjorie O. Eaton (class '18), of Truro, N. S., to Mr. W. H. MacNeily, Margaretville, N. S.

Miss Edith Eugelke has been engaged on the O. D. staff of the M. G. H. for the summer. There are nine graduate nurses on service in this department.

Misses M. Gray and N. Adams have returned to their positions in the M. G. H. after recuperating from serious illness.

Miss L. A. MacMartin and Mrs. James Johnston (nee Isabel Nichols) have each undergone major operations at M. G. H.

Miss M. Middleton (class '22) is relieving Miss H. Peters (class '20) on S. O. R. staff for three months while the latter visits her home in Newfoundland.

Misses Stella Ross, Evelyn Powers, Marie Buss and Maria Gibbons (all of class 1922) leave on May 14th, 1922, to take staff positions in Presbyterian Hospital, New York City.

Miss Agnes Jamieson is taking subscriptions for the Canadian Nurse Magazine. Any nurses wishing to subscribe may send $2.00 to her address, 10 Bishop Street, Montreal. Telephone, Uptown 8700.

Misses Molly and Dorothy MacDermott are engaged in the service of the Family Welfare of the city; also Mrs. Frank Lamb (nee Elizabeth Anderson), who kindly devotes a great deal of spare time to this much-needed help.

A small bridge was given at the M. G. H. by some of the staff, from which they realized $65.00; also one by the O. S. Association of the city in the same place, from which was realized $185.00.

Montreal

Royal Victoria Hospital.

Diplomas from the School for Graduate Nurses, McGill University, have been awarded to Miss Myrtle Ross (1919) and Miss Muriel Stewart (1915) in the Public Health course, and to Miss Grace Martin (1919) in the course for instructors. Miss Ross secured the highest number of marks and first prize, and Miss Stewart first-class honors in the Public Health section.

The members of the Alumnae Association held a most successful afternoon and evening bridge on May 4th, when the sum of $500 was realized, which will go towards the Nurses' War Memorial Fund.

Miss Judith Skead (1921) has gone to Gratwick Hospital, Buffalo, which is under the supervision of Miss Barbara Widder, a graduate of 1918.

Miss Helen Kendal (1916) has returned to the R. V. H. as one of the resident anesthetists.

Miss Lyle MacFarlane (1922) has accepted a position in the Montreal Maternity Hospital.

Jeffrey Hales Hospital.

Miss Lillian Carter has returned to town after visiting in New York and Atlantic City.

Miss Dorothy Ford has returned to New York after a holiday spent at her home in Portneuf, Que.

Her many friends will be glad to hear that Miss C. Kennedy, who was recently operated upon for appendicitis at the Jeffery Hales Hospital, has quite recovered.

Mrs. Riddell and her little daughter have returned to their home in Itura, Sask.

Miss M. White has resigned from the staff of the J. H. Hospital, and has left for Winnipeg, Man.

Quebec City.

Miss D. Chambers has returned to Quebec and is on private duty.

Miss F. Lewis has accepted a position with the staff of the Jeffery Hales Hospital for the summer months.

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ONTARIO

TORONTO.

The Hospital for Sick Children, Toronto, suffered a great loss in the resignation of the Superintendent, Miss Florence Potts.

Miss Potts had been with the hospital for nineteen years, first as Night Supervisor, then as Assistant Superintendent and Supervisor of the Operating room, then as Superintendent of the Training School and the Hospital. During the last year the duties of the Hospital had become so onerous that Miss Potts was made Superintendent of the Hospital, and the position of Superintendent of the Training School was filled by Miss Panton.

During Miss Potts' regime at the hospital, wonderful advancements have been made, both in the training school and in the administration of the hospital.

Miss Potts has, during her time, seen a new residence built for the nurses, a large new wing added to the hospital, a new X-Ray department and lecture room, and various other improvements completed.

In all these undertakings Miss Potts has been a great source of inspiration and has devoted much time, energy and careful thought to their perfection.

In the work of the training school no less great advancement has been made. Affiliations have been affected with other training schools in the city, and the lectures to the "nurses in training" are now given at the University of Toronto.

Miss Potts has not only followed the career of the Alumnae Association of the Hospital for Sick Children with keen interest, but, what is true of the Association as a whole, is even more so of each individual member.

With the removal of Miss Potts from active co-operation with them, the Alumnae have lost not only an able advisor, but a warm personal friend.

The good wishes of all with whom she has been connected at the hospital will go with Miss Potts in whatever she may undertake.

TORONTO WESTERN HOSPITAL A. A.

There has been a large attendance at all meetings of this Association, splendid co-operation and much work accomplished under the able chairmanship of Miss Jessie Cooper. Mrs. J. P. MacConnell and Mrs. Annie York, two of our first members, have been presented with life membership certificates. Among the speakers at the several meetings have been Mrs. Smithers and Mrs. Bright.

Several social functions have been held, notably a dance, under the convenorship of Miss Opal Hill; a bridge and tea at the residence of Mrs. George Valentine, who also entertained the members at their annual social evening.

Miss Muriel McKee (M. W. H.), Superintendent of Nurses, T. W. H., attended the G. N. A. O. meeting at Brantford.

Nursing Sister Marion Wylie (T. W. H.) has accepted the position of Night Supervisor at the Toronto Western Hospital, and Miss Helen Harvey has taken the position in the Outdoor Department, which was given up by Miss Shortreed, who left to be married.

KINGSTON.

A joint meeting of the K. G. H. A. A. and Chapter was held on May 2nd in the nurses' home, with an excellent attendance. The report of the annual meeting of the G. N. A. O., at Brantford was given by Mrs. J. C. Spence, President of the Alumnae, and Miss Abernethy, President of the Chapter, who were delegates to the convention.

The K. G. H. A. A. are entertaining the class of 1922 shortly to welcome them into the Alumnae Association.

Miss Dora McKendry (K. G. H., 1918), has accepted a position as Assistant Superintendent of the Owen Sound General Hospital.

ORILLIA.

The graduating exercises of the 1922 class of the Orillia General Hospital were held in the New Soldiers' Memorial Hospital on April 21st, when the following nurses received their diplomas and pins: Misses Olive Garry, H.

Louisa Humphrey, Nettie M. Brown, Ida Towle, Jean McClelland, Helen Olsen, Saida Gray, and Mrs. M. E. Minorgan. His Worship Mayor Tudhope, presided, and Mr. J. P. Downey, Superintendent of the Ontario Hospital, Orillia, addressed the class. The Superintendent, Miss Johnston, read the report of the school and administered the Nightingale pledge to the class. A musical programme added greatly to the enjoyment of the guests. The Woman s Auxiliary presented each graduate with a copy of "Dietetics," and the Board of Directors, through Dr. A. E. Ardagh, with a hypodermic syringe. Misses Humphrey and Townley being judged equal, each received a prize for neatness, presented by Mrs. W. B. Hamilton.

The Orillia Soldiers' Memorial Hospital was formerly opened by Lord Byng of Vimy on Tuesday, April 21st. After spending an hour inspecting the new building, Lord and Lady Byng, in front of a large crowd of people, declared the Memorial Hospital duly open and ready for the purposes for which it was intended.

Ottawa General Protestant Hospital.

The graduation of the 1922 class took place on May 25th at the Lady Stanley Institute at four o'clock. The following nurses comprise the class: Misses Helen K. W. Barrett, Marion R. Stevenson, Lila M. Luteman, Cassie M. Storie, Florence M. Hodgins, Mary S. Ingram, Ethel G. Johnston, A. M. Hazel Bromley, S. Olive Draffin, Laura I. MacGregor, Gladys M. Smith, Mary M. Downing, Mildred K. Lennox, Edith G. Young, Margaret A. Bromley, Dorothy H. Keyes, Janet A. Prichard, and Vera E. Smith.

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MANITOBA

Brandon

The Brandon Association of Graduate Nurses held their annual dinner at the Prince Edward Hotel on May 2nd, with 26 members present. The table was charmingly decorated with pink carnations and ferns. Great credit is due the executive who planned such a delightful function.

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SASKATCHEWAN

Miss Nellie Storey, who served with the Q. A. I. M. N. S. R. in England and Egypt, is now Superintendent of Union Hospital, Wadena, Sask., and Miss Mabel Stowe, who was with the same nursing service in England and the C. A. M. C. in France, is Superintendent of Union Hospital, Shauvanon, Sask.

* * * *

ALBERTA

Mrs. K. Manson has been appointed admitting officer and historian at the Royal Alexandra Hospital, Edmonton; Miss Marsh in charge of the Maternity Department; Miss Chisholm (R. A. H.) of the women's floor, and Miss A. McDonald (R. A. H.) on the operating staff of the hospital.

* * * *

BRITISH COLUMBIA

The following nurses graduated in the 1922 class of St. Joseph's Hospital, Victoria, April 27th, 1922, at St. Ann's Academy Auditorium, Victoria: Misses J. M. Chetham, B. V. Thompson, M. C. Barry, A. G. Barry, K. B. Ryves, D. P. Clippingdale, Hattie McCrimmon, Amelia Dunn, M. E. Wilson, A. H. Auchterlonie, M. K. Jones, Jean Lang, B. A. Graham and E. I. Stibbard. The class motto was "Non Nobiel Solum" and the colors red and white. After a most enjoyable musical programme, medals and diplomas were presented by Dr. R. L. Fraser. A special certificate and medal for X-Ray technique, donated by Dr. Poyntz, was won by Miss Margaret Patterson. The Bursary given by the Victoria G. N. A. for highest marks in first year work was won by Miss Mary Walsh. Miss Beryl Thompson gave the validictory. Addresses were given by Hon. A. E. McPhillips, Rev. Father O'Boyle, Right Rev. A. Macdonald, Bishop of Victoria, and A. W. Kenning, M.D.

The bridge tea given by the Victoria G. N. A. on April 29th at the Balmoral Hotel, by kindness of Miss Tully, was a decidedly social and financial success. Eighty dollars were realized for the sick benefit fund.

Miss E. H Jones, who has been ill all winter, has gone into hospital for an operation.

Misses Bell and Mary McCuaig are on duty at the Provincial Royal Jubilee Hospital.

New Westminster

A most enjoyable dance was given on April 28th in the recreation room of the Royal Columbian Hospital in aid of the nurses' memorial fund.

Vancouver

Various efforts have been made recently by the several nurses' organizations to help raise the money for the memorial fund. A "bridge" party was given at Shaughnessy Military Hospital, which was most successful; a dance given by the V. G. N. A., and a "fortune telling tea" by the alumnae of the Vancouver General Hospital.

The graduation exercises of the class of 1922 at St. Paul's Hospital, May 2nd, was well attended by the friends of the graduating class, which numbered fifteen. Diplomas were presented to the following: Misses L. E. Ford, S. I. Prentice, C. V. Roberts, Mary McLennan, M. A. James, F. H. Orr, N. R. Johnston, Elizabeth Reeve, J. J. Ferroux, E. M. Wale, L. F. Clark, E. I. Tennant, M. J. MacDonald, H. F. Becker, and A. C. Hart.

Addresses were given by His Worship Mayor Tisdall, Rev. Father O'Boyle and Dr. F. X. McPhillips.

Miss Jean Ferroux and Miss M. C. MacDonald, with equal marks, won the medals for highest marks in all subjects; medal for high standing in exactness in professional matters, won by Miss Mary McLennan.

For proficiency in surgery, Miss Annie Hart, who was also the validictorian.

Miss Helga Becker won the prize for efficiency in nursing medical and children's diseases.

Prize for general proficiency, won by Miss Lillian Ford, and a prize given by the Sister Superior, drawn for by the class, won by Miss Lillian Ford.

An excellent programme of music was enjoyed by the large audience of friends of the graduating class, who filled the hall to overflowing.

Miss Ethel Boultbee has resigned her post at the Vancouver General Hospital as head of the social service department, May 1st, and is succeeded by Miss M. L. Thompson, one of the recent successful graduates of the public health course at the University of British Columbia.

Vancouver General Hospital

Miss R. Rothwell left Vancouver on Wednesday, May 17th, for her home in England, where she intends to stay for some time.

The Alumnae Association held the regular monthly meeting on May 4th, in the rotunda of the new home. The report of the sewing committee was read, and a set of six layettes was turned over to Miss Wheeler. It was decided to keep on with the sewing meetings, to be held the 2nd and 4th Tuesdays in each month, and the clothing made to be used for social service emergencies.

The matter of sending a delegate to the C. N. A. T. N. convention at Edmonton this summer was discussed, and Miss Randal was appointed to act for the Alumnae Association in that capacity.

The members of the 1922 graduating class were invited to the meeting and were presented with their membership in the association for 1922. Miss Randal welcomed the class in the name of the association, and also spoke about the Overseas Memorial Fund.

The Alumnae Association gave a fortune telling tea in the rotunda of the new home on Saturday, May 13th, to raise money towards the association subscription to the Overseas Memorial Fund. The guests, on admission, were given a ticket entitling them to a real fortune by a real fortune teller.

Miss Ellis poured tea, and was assisted by Miss McLane, Miss Mac-

Arthur, Miss Esselmont, Miss Rice, Miss Goodwin, Miss McNair, Miss Wheeler, Miss Innis and Mrs. Wilson.

Miss McLane, convenor of the committee in charge of arrangements, reported that $90.00 was realized towards the Fund.

BIRTHS

Boultbee—At the Bute St. Hospital, Vancouver, April 20th, 1922 to Mr. and Mrs Leonard Boultbee (Helen Whitehead, Vancouver General Hospital) a daughter.

Brownell—At Port McNichol, Ont., April 16th, 1922, to Mr. and Mrs. Bernard J. Brownell (R. Ivy Shaw, Q. O. H., 1920), a son.

Ketterson—In Montreal, Que., to Mr. and Mrs. Ketterson (Nella Wilson, General Pubic Hospital, St. John, N. B., 1907), a son.

Quinsey—On Feb. 6th, 1922, to Mr. and Mrs. Fred Quinsey (Katie Rotters, Kingston General Hospital), a daughter

Sproule—On May 9th, 1922, at the Montreal Maternity Hospital, to Dr. and Mrs. M. J. Sproule (Lena E. France, Montreal General Hospital), of Applehill, Ont., a son.

Riddell—On March 11th, 1922, at the Jeffery Hales' Hospital, Quebec City, to Dr. and Mrs. Riddell (Louise Caron, Jeffery Hales Hospital, 1918), a daughter.

Johnson—On April 25th, to Mr. and Mrs. Oliver Johnson (Mildred Chester, Vancouver General Hospital, 1920), a son.

MARRIAGES

Hamilton-Shaw—On June 6th, 1921, at Campbellton, N. B., Mary Shaw, (Winnipeg General Hospital, 1915), to Mr. A. M. Hamilton. Both bride and groom served overseas.

Wood-Shortreed—At Guelph, Ont., on March 9th, 1922, Isabella Margaret Shortreed, (Toronto Western Hospital), to James Henry Wood, D. S. O. M. D.

Williams-Cassady—At St. Stephen's Presbyterian Church, New Westminster, B. C., by the Rev. Peter Henderson, May 6th, 1922, Mary Elizabeth Cassady (Vancouver General Hospital) to Mr. Humphrey David Williams. They will reside at Stadacona Apartments, Vancouver, B. C.

McDonald-Moodie—On May 10th, 1922, at the Eburne Presbyterian Church, Eburne, B. C., Norval Mae Moodie (Nursing Sister C. A. M. C.) to Gordon Kilgour McDonald, of Vancouver. They will reside in Eburne, B. C.

Wellman-Knapman—At Richmond Hill, Ont., on April 12th, 1922, Alice Knapman (Orillia General Hospital, 1919), to Mr. A. Wellman.

Rafter-Day—In Toronto, April 19th, 1922, Miss Annie Day (Riverdale Isolation Hospital, Toronto), to Mr. Edward Rafter.

York-Johnston—In Calgary, April 13th, 1922, Miss Mary Johnston (Riverdale Isolation Hospital, Toronto, 1916), to Mr. J. A. York.

Rogers-Parr—In San Francisco, Calif., on April 27th, 1922, Maud, daughter of Mr. and Mrs. J. C. Parr, Vancouver (Vancouver General Hospital, 1917), to Dr. J. D. Rogers, of the staff of the Marine Hospital, San Francisco. Dr. and Mrs. Rogers will reside in Folsom City, Calif.

DEATHS

Holmes—In February, 1922, Amy Elizabeth Holmes, graduate of the New York Hospital Training School for Nurses. The funeral services were held in the chantry of Grace Church, New York, and the following day, in the American National Cemetery at Arlington, she was laid to rest with military honors—this heroine of three wars. Major Julia Stimson, Director of the Army Nurse Corps, Miss Clara D. Noyes, and Miss Butler, were among those present. Miss Holmes, born in England, is known to Canadians, as she lived in Richmond Hill, Ont., for some years, served in the Spanish American war, Nursing Sister on active service in the South African Boer war, Matron on the Hospital Ship Delta in August, 1914, to 1916, Acting Matron Q.A. MI. M. N. S. in Egypt till 1918; after Armistice was Assistant Head of Paris Office, American Red Cross Nursing Service. She obtained the Royal Red Cross, first-class, 1914-15 star, and was mentioned in dispatches by General Sir Ian S. M. Hamilton, G. C. B., D. S. O., A. D. C., for gallant and distinguished services in the field. Many Toronto nurses and friends will remember Miss Holmes with pride and affection. The memory of the cheery poise, selfless devotion, fearlessness, simplicity and essential modesty of this consequently heroic life will ever serve as an inspiration to all whose privilege it was to have known and loved Amy Elizabeth Holmes.

The whole basis on which society depends is not the capitalistic system, the Soviet system or any other system. If we abolished all money to-morrow, if we took again to cowrie shell or some other of the many forms of currency that were prevalent thousands of years ago, we should, each of us, still depend upon our service to our fellow man for our very existence, not on service to ourselves alone, that would not take us very far, but our service to our fellow-man, and I cannot imagine any higher aspirations that the world can be given than the teachings given by our Saviour. He ignored poverty—it did not matter to Him if the man were poor, he was just as good and as high in Christ's estimation as the rich man; He disregarded wealth, rich and poor were both on one common platform to render service to their fellow-man, make themselves of use, and if they were neither of them willing or prepared to do this, one because he had much wealth laid by and the other from indolence, then they were both cast into oblivion. The soul was immediately required of the rich man and the poor man was immediately cast into outer darkness, and the punishment was equally fair and just to each.

—*Lord Leverhulme.*

Stand for the right;
No good thing is failure,
And no evil thing success.

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THE TAPESTRY WEAVERS

Let us take to our hearts a lesson—
No lesson can braver be
From the ways of the tapestry weavers,
On the other side of the sea.
Above their heads the pattern hangs,
They study it with care;
The while their fingers deftly work,
Their eyes are fastened there.
They tell this curious thing besides
Of the patient, plodding weaver,
He works on the wrong side evermore
But works for the right side ever.
It is only when the weaving stops,
And the web is loosed and turned,
That he sees his real handiwork
That his marvelous skill is learned.
Ah, the sight of its delicate beauty,
How it pays him for all his cost!
No rarer work than his was
Ever done by the frost.
Then the master bringeth him golden hire,
And giveth him praise as well,
And how happy the heart of the weaver is,
No tongue but his own can tell.
The years of man are the looms of God,
Let down from the place of the sun,
Wherein we are weaving alway,
Till the mystic web is done.
Weaving blindly, but weaving surely,
Each for himself his fate.
We may not see how the right side looks,
We can only weave and wait.
But looking above for the pattern,
No weaver need have fear
Only let him look clear into Heaven,
The Perfect Pattern is there.
If he keeps the face of our Saviour
Forever and always in sight,
The toil shall be sweeter than honey,
His weaving is sure to be right.
And when his task is ended,
And the web is turned and shown,
He shall hear the voice of his Master,
It shall say to him "Well done."

The above poem, written in her handwriting, was found among the papers of Amy Elizabeth Holmes.

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Parental, Delivery and Postpartum experience	2 months
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Regular meeting first Monday at 8 p.m.

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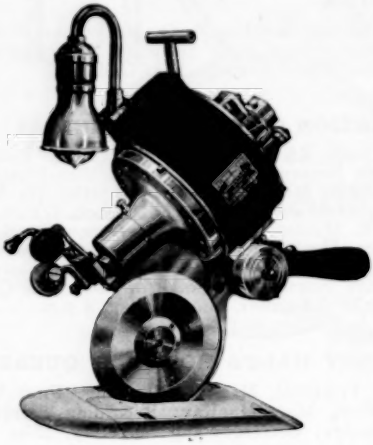

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Regular Meeting, First Tuesday, 8 p.m.

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Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

DR. JUNIOR: "Discovered something new, Doctor?"

DR. SENIOR: "New to most of us—yes. I have been confirming, by actual laboratory experiment, a statement made in Lewkowitsch's Book, Chemical Technology and Analysis of Fats and Waxes (page 245), which shows that heat is generated and practically available, in a mixture of 42 parts Water and 58 parts of c. p. Glycerine."

DR. JUNIOR: "Of course we know that all chemical action produces heat——"

DR. SENIOR: "Exactly. But many of us would think a mixture of Glycerine and Water a simple mechanical combination; never realizing that there is chemical combination also."

DR. JUNIOR: "Well, is the degree of heat of such amount as to be of use, therapeutically?"

DR. SENIOR: "Nine degrees in a few hours is something, eh?"

DR. JUNIOR: "Rather——yes."

DR. SENIOR: "Now, I understand how Antiphlogistine, which contains a large amount of c. p. Glycerine, not only retains heat but actually generates heat."

DR. JUNIOR: "But where is the water, Doctor? Antiphlogistine contains no water——"

DR. SENIOR: "That is right, but the osmotic action of the Antiphlogistine, whereby the glycerine of the application interchanges with the water of the tissues, keeps up a steady, blessed heat generation as long as the process continues—until saturation is met. Antiphlogistine, the scientific product of a scientific laboratory, is of practical, remedial application."

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Representative to Catholic Women's League—Mrs. J. L. Chabot.

Regular Meetings—First Friday of each month, at 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.

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Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA
(Incorporated 1918) Officers 1922-1923

Hon. President, Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute; President, Mrs. C. T. Ballantyne, 191 Rideau St., Ottawa; Vice-President, Miss Mae McCreary; Secretary, Miss Hazel A. Johnson, 633 Rideau St., Ottawa; Treasurer, Miss Jean Blyth; Directors, Miss Annie Ebb, Miss McNiece, Mrs. Waddell.

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